

Manual Check Notification

Pink Form
Updated March 2011

Organization: _____

Corporation

Bank Account: _____

Payment Requiring a W-9 (Examples: Contract service providers such as lawn care or snow removal, rent or lease payments, attorneys, special speaker honorariums, love gifts for non-employees, gifts or payments to missionaries, etc.)

Reimbursement for items purchased

Date written: _____

Benevolence for non-employee

Please attach a copy of the check.

Check Paid to: _____ Check No.: _____

Address: _____ City: _____ State: _____ Zip: _____
(New vendor/change of address only)

Description:	Account #:	Amount:

Total:

Requested by: _____ Date: _____ Approved by: _____ Date: _____



7607 NW Prairie View Road, Kansas City, MO 64151 ♦ 816-382-3050 ♦ Fax: 816-382-3052
www.MMSMidwest.com